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CONFIRMATION NO. 9157

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10/723,228		705	4143	17275

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/25/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance RJR Initials	JAPAN	10	18

ADDRESS

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TITLE

Medical service assisting system, medical service assisting method, and program thereof

FILING FEE RECEIVED 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.18 Fees (Issue)
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